

ALAN CRANSTON: HE SEPARATED THE WAR  
FROM THE WARRIOR

(By Thomas Tighe, President and CEO of  
Direct Relief International)

Alan Cranston stood for and accomplished many important things during the course of his life and Senate career, which, as might be expected given his low-key approach, received little comment upon his death. But having worked for Alan—as he insisted all his staff call him—during his last several years in office, I was saddened by both his passing and the absence of public recognition for much of what his life's work accomplished.

Elected in 1968 strongly opposing the war in Vietnam, Senator Cranston was assigned the chair of the subcommittee responsible for overseeing the veterans health care system. He was among the very first in our country to separate the war from the warrior, as he sought to have the system do right by the returning soldiers whose wartime experiences, severity of injury, and readjustment seemed somehow different from those of earlier wars.

While retaining his aversion to war, Alan Cranston devoted much of his career in the Senate to ensuring that the country's obligation to those who fought in war—however unpopular—was recognized as fundamentally important and honored accordingly. He pushed hard to expand spinal-cord injury, blindness, and traumatic brain injury care, which were lacking and desperately needed. He championed mental health services, authoring legislation to create "Vet Centers" where veterans themselves counseled each other and to fund research that ultimately obtained formal recognition and treatment for post-traumatic stress disorder as a "real" condition that affected soldiers. Drug and alcohol services, vocational rehabilitation, and comprehensive assistance for homeless veterans all resulted from his insight, his perseverance, and his commitment to those who served our country.

The terms "paramedic" and "medevac" did not exist in civilian society in the late 1960s—they do today because Alan saw how effective the combination of medical personnel, telecommunications, and helicopters had been in treating battlefield injuries in Vietnam, and he authored the first pilot program to apply this model to the civilian sector.

Senator Cranston also was the most vigorous, insightful, tough, and effective supporter that the Peace Corps has ever had in the Congress—stemming from his early involvement with Sargent Shriver in the early 1960's before he was elected. I know about these issues, and his remarkable legacy, because I worked on them for Alan as a committee lawyer in the Senate and, after he left office, as the Chief Operating Officer of the Peace Corps.

But there were many, many other issues that Senator Cranston not only cared about but worked to effectuate in a painfully thorough, respectful, and principled way. He was an early and stalwart advocate for preservation and judicious stewardship of the environment, an unyielding voice for a woman's right to make reproductive health choices, and of course, a relentless pursuer of world peace and the abolition of nuclear weapons—upon which he continued to work passionately until the day he died.

Those efforts have made a tremendous positive difference in the lives of millions of people in this country and around the world.

For me, Alan Cranston's standard of adhering to principle while achieving practical

success remains a constant source of inspiration and motivation, as I am sure is true for the hundreds of others who worked on his staff over the course of 24 years. His was an example that one's strongly held ideological and policy beliefs, whether labeled "liberal" or "conservative," should not be confused with or overwhelmed by partisanship if it prevented meaningful progress. And he insisted upon honest and vigorous oversight of publicly funded programs he supported—to avoid defending on principle something indefensible in practice, thereby eroding support for the principle itself.

Once, while trying to describe an obstacle on a Peace Corps matter, I made a flip reference to the "America Right or Wrong" crowd. He asked if I knew where that expression came from, which I did not. He said it was usually misunderstood and, as in my case, misused, and told me that it was a wonderfully patriotic statement. He stared at me calmly, with a slight smile and with the presence of nearly 80 years of unimaginably rich experiences in life and politics, and said, "America, right or wrong. When it's right, keep it right. When it's wrong, make it right."

It was a privilege to work for Alan Cranston, and to know that is what he tried to do.

#### VA LEADS THE NATION IN END-OF-LIFE CARE

Mr. ROCKEFELLER. Mr. President, the Department of Veterans Affairs has been quick to embrace the idea that more needs to be done to deal with patients' pain, and this has become an integral part of VA's overall efforts to improve care at the end of life—for veterans and for all Americans. As ranking member of the Committee on Veterans' Affairs, I am enormously proud of VA's efforts in pain management and end-of-life care. I suspect, however, that many of my colleagues are unaware of VA's good work in this area.

We simply must recognize the lack of services and resources for people who are suffering with pain, especially those who need long-term institutional care and other alternatives, such as hospice or home health for chronic conditions. The health care and related needs of Americans are very diverse. We must target problems and address them with creativity, with a variety of resources that can help different groups in different ways. Taking a look at the VA's success in this area is a good place to start fixing the problem.

I therefore ask unanimous consent that a press release on VA's pain management initiatives and a Washington Post article on VA's success in this area be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

#### VA INITIATES PAIN MANAGEMENT PROGRAM

Pain is one of the most common reasons people consult a physician, according to the American Academy of Pain Medicine and the American Pain Society. In fact, it is the primary symptom in more than 80 percent of all doctor visits and affects more than 50 million people. In January 1999, the Department

of Veterans Affairs (VA) took the lead in pain management by launching a nationwide effort to reduce pain and suffering for the 3.4 million veterans who use VA health care facilities.

#### VA AND PAIN MANAGEMENT

VA believes that no patient should suffer preventable pain. Doctors and nurses throughout VA's 1,200 sites of medical care are required to treat pain as a "fifth vital sign," meaning they should assess and record patients' pain just as they note the other four health-care basics—blood pressure, pulse, temperature and breathing rate. They ask patients to rate their pain on a scale of zero to 10, then consult with the patients about ways to deal with it.

"It changed how VA approached pain," said Dr. Jane Tollett, national coordinator of VA pain management strategy. "We're too often obsessed with finding out what's going on at the molecular, cellular and pharmacological levels as opposed to asking: Is the person feeling better?" Measuring pain as a vital sign was part of the first step in the following comprehensive strategy to make pain management a routine part of veterans' care.

**Pain Assessment and Treatment:** Procedures for early recognition of pain and prompt effective treatment began at all VA medical facilities. Pain management protocols were set up, including ready access to resources such as pain specialist and multidisciplinary pain clinics. VA updated its Computerized Patient Record System (CPRS) to document a patient's pain history. Patient and family education about pain management was included in patient treatment plans.

**Evaluation of Outcomes and Quality of Pain Management:** VA began to systematically measure outcomes and quality of pain management, including patient satisfaction measures. Across the nation, VA set up quarterly data collection to evaluate: Was the patient assessed for pain using a 0-10 scale? Was there intervention if pain was reported as 4 or more? Was there a plan for pain care? Was the intervention evaluated for effectiveness?

**Research:** VA expanded research on management of acute and chronic pain, emphasizing conditions that are most prevalent among veterans. Currently, there are nine pain research projects funded by VA. Research funded by the Health Services Research and Development Service focuses on identifying research priorities, providing scientific evidence for pain management protocols throughout VA and evaluating and monitoring the quality of care.

#### EDUCATION OF HEALTH CARE PROFESSIONALS

VA is assuring that clinical staff, such as physicians and nurses, have orientation and education on pain assessment and pain management. In collaboration with the Department of Defense and the community, VA is developing clinical guidelines for pain associated with surgery, cancer and chronic conditions.

Additionally, VA initiated an extensive education program for health care providers that includes orientation for new employees and professional trainees, four internet sessions on "pharmacotherapy of acute and chronic pain," satellite broadcasts and interactive sessions with VA health care facilities, guest lectures on topics like pain assessment and treatment of the demented, purchase and distribution of pain management videos, and a Web site "vaww.mst.lrn.va.gov/nmintranet/pain."

VA also focuses on pain management education for medical students and health care

professional trainees through VA's affiliations with academic institutions. Among recent milestones:

The Robert Wood Johnson Foundation last year awarded VA a grant of \$985,595 to help train physicians in end-of-life care, including pain management.

The VA Office of Academic Affiliations recently awarded additional funding to nine VA medical facilities to support graduate education residences in anesthesiology pain management, including VA medical centers in Milwaukee, Wis.; Durham, N.C.; and Loma Linda, Calif. and the health care systems in North Texas, New Mexico, Puget Sound (Wash.), Palo Alto (Calif.), and North Florida-South Georgia.

#### NATIONAL PAIN MANAGEMENT STRATEGY

The complexity of chronic pain management is often beyond the expertise of a single practitioner, especially for veterans whose pain problems are complicated by such things as homelessness, post traumatic stress disorder and combat injuries. Additionally, pain management has been made an integral part of palliative and end-of-life care. The effective management of pain for all veterans cared for by VA requires a nationwide coordinated approach. To accomplish this, VA formed a team made up of representatives from an array of disciplines— anesthesiology, nursing, psychiatry, surgery, oncology, pharmacology, gerontology and neurology.

Funded by an unrestricted educational grant, VA is producing a Web-based physician education program aimed at end-of-life issues and an online forum for VA pain management in which more than 200 clinicians actively participate.

In December 2000, a pain management and end-of-life conference is scheduled to showcase innovation and effective practices within VA, address specialized topics with expert faculty and solve systematic problems that cause barriers to improving pain management care. Additionally, VA will set up programs to support clinicians in settings that are remote from pain experts, centers or clinics.

"Untreated or undertreated pain takes its toll not just in monetary loss but also in the psychosocial and physical cost to patients and their families. Pain can exacerbate feelings of distress, anxiety and depression. . . . When severe pain goes untreated and/or depression is present, some people may consider or attempt suicide. The message is clear: all those in pain have the right to systematic assessment and ongoing management of pain by health care professionals."— (The Journal of Care Management, November 1999)

#### ADDITIONAL STATEMENTS

#### IN MEMORIAM OF THE MEN AND WOMEN OF THE 14TH QUARTERMASTER DETACHMENT WHO LOST THEIR LIVES IN OPERATION DESERT STORM

• Mr. SANTORUM. Mr. President, I stand before you today to honor the tenth anniversary of a terrible tragedy that faced the men and women who serve in the United States Armed Forces. I speak about an attack carried out by Saddam Hussein that took the lives of brave men and women from the Commonwealth of Pennsylvania who

were proudly serving their country as members of our armed services. We are indebted to those who made the ultimate sacrifice for our country during that conflict, and they will remain in our hearts and memories forever.

The 14th Quartermaster Detachment of Greensburg, PA, was mobilized and ordered to active duty on January 15, 1991 in support of the Persian Gulf crisis. On February 25, 1991, only days after the Desert Storm conflict began, the 14th Quartermaster Detachment suffered the greatest number of casualties of any allied unit during Operation Desert Storm. An Iraqi Scud missile destroyed the building where the unit was being housed, killing 28 soldiers and wounding 99. Of those casualties, 13 members of the 14th were killed and 43 were wounded. Desert Storm ended only hours after this tragedy.

To recognize the supreme sacrifice that these men and women undertook for our great nation, Major General Rodney D. Ruddock, Commander, 99th Regional Support Command, will hold an anniversary ceremony on February 25, 2001 to honor the 14th Quartermaster Detachment of Greensburg, PA. During this solemn event, we will honor, not only the men and women who lost their lives 10 years ago, but all the men and women who serve in the Armed Forces and selflessly put their lives on the line every day in order to preserve our nation's freedom. We, as Americans, will remain eternally grateful for the sacrifices and true courage that our men and women in uniform display on our behalf in serving this great nation.

It is at this time that I ask my Senate colleagues to join with me in honoring the members of the 14th Quartermaster Detachment.●

#### 50TH BIRTHDAY OF THE GIRL SCOUTS OF CONESTOGA COUNCIL

• Mr. GRASSLEY. Mr. President, on the occasion of the 50th Birthday of the Girl Scouts of Conestoga Council, I would like to congratulate this fine organization.

Conestoga Council was formed in 1951 and presently serves nearly 4,000 girls in a twelve-county area in Northeast Iowa. The Council delivers traditional Girl Scout programming through troop meetings and activities, camp opportunities and educational learning. In addition, the Council supports eight in-school outreach programs for girls of diverse ethnic and cultural backgrounds. The Council has broadened its delivery approach by partnering with the Winnebago Council of Boy Scouts of America to offer day camp activities and experiences through Camp Quest to hundreds of children who would not otherwise have the opportunity to participate.

The Council continues to fulfill its mission of helping girls grow strong

with the assistance of hundreds of volunteers throughout Eastern Iowa. Thousands of girls' lives have been touched and enriched through their experience with the Conestoga Council.

Again, I would like to express my congratulations to the Girl Scouts of Conestoga Council for reaching this milestone and I wish them all the best as they continue to serve girls in Northeast Iowa.●

#### TRIBUTE TO COLONEL PAUL W. ARCARI, U.S. AIR FORCE, RETIRED

• Mr. WARNER. Mr. President, I rise today to pay tribute to Colonel Paul Arcari, United States Air Force, Retired—in recognition of his distinguished service to his country.

For nearly 46 years, first for 30 years in the Air Force, and later for The Retired Officers Association, Colonel Arcari has worked tirelessly for the men and women of the military.

Born in Manchester, CT, he entered the Air Force as a second lieutenant in 1955 and earned his navigator wings the following year. He amassed 4,400 flying hours with the Military Airlift Command, including 418 combat missions in Southeast Asia in the late sixties.

In 1969 Colonel Arcari was assigned as legislative analyst in the Office of the Secretary of Defense and Headquarters, U.S. Air Force. During the next 17 years, including 13 years as Chief of the Air Force Entitlements Division, Colonel Arcari earned the reputation as the Department of Defense's preeminent authority on military compensation matters. In addition to helping craft the All-Volunteer Force pay table and the military Survivor Benefit Plan, his inputs to the Senate Armed Services Committee proved invaluable in crafting the Nunn-Warner compensation enhancements that assisted in turning around the retention and readiness crisis of the late 1970's and early 1980's. He retired from active duty in February 1985.

Following retirement, Colonel Arcari joined The Retired Officers Association and served as Deputy Director and since 1990 as Director of Government Relations.

Under Colonel Arcari's professional stewardship, The Retired Officers Association has played a vital role as the principal advocate of legislative initiatives to improve readiness and the quality of life for all members of the uniformed service community—active, reserve, and retired, as well as their families.

Colonel Arcari has worked closely with, and has been a valuable resource for, the Senate Armed Services Committee as we enacted a wide range of much-needed improvements for our military personnel. His efforts in the areas of military compensation, retirement benefits, health care and fair cost-of-living adjustments, COLA, for